

Each of such Out-of-State physicians could properly ask himself this question:

"What would be my reaction if, on getting out of service, I went back to my former city or community of practice, to find that I would be in competition, not only with my former colleagues, but with a half-dozen or more new men from other in- or extra-state locations; who, while I have been in service, have been establishing themselves where I thought I might again take up my life work, without the travail such as I experienced during the years when I first went into civilian practice?"

* * *

Another group of military colleagues deserving of special consideration are those young physicians who were inducted into Army and Navy before they had ever established themselves in civilian practice. The procedure in regard to this group is indicated under Item 4 of the report, to which reference has been made. See in this issue, on page 229.

* * *

Moral and Other Suasion.—From what has been said, and what is so well outlined in Chairman Fletcher's report, it should not be difficult to agree that we deal here with what may be termed ethical principles and fair dealing, associated with special obligations to colleagues, who, having given their all through military service, should now have certain preferences or rights when they seek, as may be stated, to "get back their jobs in their former locations."

The C.M.A. Postwar Planning Committee report indicates along what lines the objectives mentioned above are to be implemented. That is the reason the report should be read by every C.M.A. member.

* * *

Procurement and Assignment Committees are Still Functioning.—The California and County Committees on Procurement and Assignment for Physicians are still functioning, and in these new problems in civilian practice, (just as in the last five years in military service) these Committees will decide whether a physician is "essential or non-essential" for a particular community.

If a physician is deemed non-essential for civilian practice in a certain community, a committee of the county medical society should meet with him, and courteously and diplomatically explain the local situation. Every county medical society in California should appoint such a committee.*

To put it in other words, if a physician who has been declared "non-essential" to a community,—(be he a former Californian or from some other State)—but who, nevertheless, insists on estab-

lishing himself, he would probably in due time learn, in taking such a course, he had surrounded himself with isolation barriers that would not have become operative had he returned to his pre-war location; and of a nature that might seriously handicap him in his professional and other advancement.

* * *

Publicity Concerning These C.M.A. Policies is Desirable.—Copies of the C.M.A. Postwar Planning Committee report have been forwarded to the Secretary of the American Medical Association, with the suggestion that proper publicity be given thereto in the *Journal of the American Medical Association*, so that physicians elsewhere may be in better position to orient themselves concerning the medical practice situation in California.

If physicians, both in military service and civilian practice, adequately understand the problems, coöperation may be expected, and the rights of all will be promoted to best advantage.

CALIFORNIA MEDICAL ASSOCIATION WILL HOLD ITS 75TH ANNUAL SESSION IN LOS ANGELES—A.M.A. IN SAN FRANCISCO IN 1946

The Next C.M.A. Annual Session Will be Held on May 7-8-9-10, 1946.—At the 329th meeting of the C.M.A. Council, held in Los Angeles on October 21st, it was voted to make next year's annual session, a regular four-day meeting.

Hotel Biltmore in Los Angeles will again be the headquarters (Hotel Del Monte at Monterey is still in possession of the Navy).

Meetings will begin on Tuesday, May 7, 1946 and continue through Friday noon, May 10.

Owing to crowded hotel accommodations, and because of existing conditions in civilian and military practice, no scientific exhibits will be shown.

However, commercial and technical exhibits will be displayed.

Members of the California Medical Association are requested to make notes of the days on their appointment books, and to arrange professional schedules and appointments, to permit attendance at some, if not all meetings.

Section officers, who will be happy to receive suggestions from civilian and military colleagues in California concerning topics for individual papers, symposia and panel conferences, may be addressed direct, or through the Association Secretary, who through by-law provision, is chairman of the Committee on Scientific Work that has charge of the coördination of programs of general and section meetings.

* * *

A.M.A. House of Delegates will meet in Chicago in December, 1945. Next Regular Session in San Francisco in 1946. Date to be Selected Later.—The American Medical Association will hold no scientific assemblies or meetings in the present year, 1945.

* On methods of procedure that County Medical Society P. and A. Committees could use to advantage, see in this issue the letter of the Chairman of the Santa Clara County Medical Society P. and A. Committee, on page 229.

However, the A.M.A. House of Delegates will convene in Chicago on Monday, December 3, and hold meetings through Thursday, December 6, 1945.

Unless present plans go awry, the next general meeting of the American Medical Association will be held in 1946 in San Francisco, the tentative time being set for days in either July or August, 1946. By then, the major transportation difficulties, so much in evidence at the present time, should have abated.

It is possible that definite dates for the 1946 A.M.A. meeting in San Francisco may be set by the A.M.A. House of Delegates when it convenes in Chicago in December next.

Members of the California Medical Association are urged to keep these coming meetings in mind, and if possible to be present in person.

UNIVERSITY OF CALIFORNIA WILL ESTABLISH A MEDICAL SCHOOL IN LOS ANGELES

University of California at Los Angeles (U.C.L.A.) to be Given a Medical Department.—With little forewarning or preliminary general discussion, came the announcement in California newspapers on October 20, that the Regents of the University of California, at a meeting held on the previous day at the campus of University of California in Los Angeles, had adopted the following resolution:

MEDICAL SCHOOL—UNIVERSITY OF CALIFORNIA, LOS ANGELES:

The Committee on Southern California Schools, Colleges, and Institutions recommended the adoption of the following resolution:

"WHEREAS, There now exists throughout Southern California an urgent need for a medical school as a part of the educational system of the University of California; now, therefore, be it

"Resolved, That the Board of Regents forthwith establish a school of medicine in Los Angeles, and the President of the University is authorized and directed to take such action as may be necessary or proper to that end, including a request to the Governor that adequate budget provisions for that purpose be submitted to the legislature at its next meeting, whether special or regular, and that the legislature be urged to appropriate the necessary funds."

On motion the Board adopted the recommendation of the Committee on Southern California Schools, Colleges, and Institutions as set forth above.

A newspaper item referring to the above appears in this issue of CALIFORNIA AND WESTERN MEDICINE, on page 234.

* * *

Initial Committee to Outline Plans for the School Has Been Appointed.—To put in effect the resolution of the Regents, University of California President Robert G. Sproul has appointed a committee consisting of faculty members from the Berkeley, San Francisco and Los Angeles campuses. Early in November this Committee will meet and discuss some of the essential groundwork of the proposed medical school in

Los Angeles, that would be operated as one of the Southern California departments, and of which division, Dr. Clarence A. Dykstra, (former president of the University of Wisconsin), is now the head, in his position as Vice-President and Provost of the University.

* * *

Legislative Appropriation Will be Needed.—Just when the new school will be started is not known at this time, since a special legislative appropriation will be needed to inaugurate the work.

It may be assumed,—as has been the case with other medical schools that have come into existence in recent years—that the new School of Medicine, U. of C., will begin its work with a single freshman class, say of 60 students; in each succeeding year a new freshman class being enrolled, so that at the end of four years, a full four year course would be in operation.

* * *

Los Angeles Has Ample Clinical Facilities for Three Medical Schools.—Los Angeles, with its population of almost two million persons, at the present time is the seat of two undergraduate medical schools: University of Southern California School of Medicine, and the College of Medical Evangelists. The clinical facilities available in Los Angeles are ample to supply the needs of three Class A medical schools.

The addition of the proposed Los Angeles Medical School of the University of California would give an impetus and make for increased interest in medical study and research, and be a distinct and helpful aid in the promotion of health, and the prevention and cure of disease in our State.

It is to be hoped that the initial plans for the new school will go on to happy fruition.

MEDICAL EPONYM

Wernicke's Disease

The original account of this condition, by Carl W. Wernicke (1848-1905), at that time *Privat-dozent* at the University of Berlin, appears in his *Lehrbuch der Gehirnkrankheiten für Aerzte und Studierende* (Kassel and Berlin, 1881: Vol. II, pages 229 to 242), under the title "Die acute, hämorrhagische Poliencephalitis superior [Acute Hemorrhagic Superior Poliencephalitis]." A portion of the translation follows:

"We are here dealing with an independent inflammatory, acute disease of the nuclei of the nerves supplying the eye muscles, which results in death within a period of ten to fourteen days. The localizing symptoms consist in associated ocular muscle palsies, which appear suddenly, progress and lead finally to almost complete paralysis of the eye muscles. Certain muscles, however, such as the sphincter iridis or the levator palpebrarum, are spared. The patients' gait become uncertain, showing a combination of stiffness with ataxia, usually suggesting the ataxia of the alcoholic. The general symptoms are striking, and consist in disturbances of consciousness, either somnolence from the outset, or an end stage of somnolence introduced by a more prolonged period of agitation. Further, in all 3 cases there was involvement of the optic nerve, consisting of inflammatory changes in the papilla." —R. W. B. in *The New England Journal of Medicine*.